



Southwestern Forensic
Associates, Inc.

Notice of Independent Review Decision

IRO REVIEWER REPORT

DATE: August 6, 2012

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

80 Additional hours of Chronic Pain Management.

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR
OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:**

Doctor of Chiropractic, licensed in Texas for 20 years, board certified in pain management.

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

- | | |
|---|----------------------------------|
| <input checked="" type="checkbox"/> Upheld | (Agree) |
| <input type="checkbox"/> Overturned | (Disagree) |
| <input type="checkbox"/> Partially Overturned | (Agree in part/Disagree in part) |

The reviewer has not found medical necessity for the requested 80 additional hours of chronic pain management.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

1. TDI Referral
2. HDi, URA findings, May 29 to June 7, 2012
3. LPC, office notes, 5/3/12
4. Spine Center, office notes, 2/4/09 to 5/11/12
5. Ortho Surgery, office notes, 1/24/12
6. MD, office notes, 5/23/11
7. Hospital, surgical notes, 10/21/11

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PATIENT CLINICAL HISTORY [SUMMARY]:

This patient was injured in conjunction with his duties at his place of employment and suffered an onset of pain in the left elbow region. He was diagnosed with lateral epicondylitis and treated with conservative care initially. After the conservative methods failed to return the patient to his ability to do work, he had surgery for an epicondylectomy and a release for the nerve entrapment. More recently he has undergone a Chronic Pain Management program to help deal with his issues related to the injury.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:

This patient has had extensive care for this injury and he has shown minimal improvement even with the trial of a CPMP. Progress for such an injury should have been much more significant by now, especially considering the voluminous amount of treatment for this injury. After years of treatment the patient is still classified as light/medium work ability. It is highly unlikely that such a program will help this patient return to his regular job at this point. The ODG's do emphasize the necessity of such a program to have a reasonable chance to succeed. The requestor has not demonstrated that continued ongoing care will likely result in a return to normal duty.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- _____ ACOEM-American College of Occupational & Environmental Medicine UM Knowledgebase.
- _____ AHCPR-Agency for Healthcare Research & Quality Guidelines.
- _____ DWC-Division of Workers' Compensation Policies or Guidelines.
- _____ European Guidelines for Management of Chronic Low Back Pain.
- _____ Interqual Criteria.
- _____ Medical judgment, clinical experience and expertise in accordance with accepted medical standards.
- _____ Mercy Center Consensus Conference Guidelines.
- _____ Milliman Care Guidelines.
- ☒ ODG-Official Disability Guidelines & Treatment Guidelines
- _____ Pressley Reed, The Medical Disability Advisor.
- _____ Texas Guidelines for Chiropractic Quality Assurance & Practice Parameters.
- _____ Texas TACADA Guidelines.
- _____ TMF Screening Criteria Manual.
- _____ Peer reviewed national accepted medical literature (provide a description).
- _____ Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)